- :::	·											
	in this information otor 1											
	otor 2 ouse, if filing)											
Uni	ted States Bankrup	ptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
	se number 18	3-12585					Check if the		filing			
							☐ A supp	olemen	t showin	ng postpetition ollowing date:		
<u>O</u> 1	fficial Form	<u> 1061</u>					MM / E	DD/ YY	YY			
So	chedule I:	Your Inco	ome								12/1	
spoi attac	use. If you are se ch a separate she	parated and you eet to this form. (be Employment	are married and not filin r spouse is not filing wit On the top of any additio	h you, do not include	infor	mation	about you	r spou	se. If m	ore space is	needed,	
1.	Fill in your emp information.	loyment		Debtor 1			Deb	Debtor 2 or non-filing spouse				
	If you have more	te page with	Employment status	■ Employed				☐ Employed				
	information abou employers.		, .,	☐ Not employed				☐ Not employed				
	Include part-time	seasonal or	Occupation									
	self-employed we		Employer's name									
		cupation may include student Employer's address homemaker, if it applies.										
			How long employed th	ere?								
Par	t 2: Give De	etails About Mon	thly Income								<u>-</u>	
	mate monthly incuse unless you are		ate you file this form. If y	ou have nothing to rep	ort for	any lin	e, write \$0 ii	n the s	pace. In	clude your no	n-filing	
	u or your non-filing e space, attach a s		re than one employer, conthis form.	mbine the information f	or all e	employ	ers for that p	person	on the li	ines below. If	you need	
						F	For Debtor 1	1		ebtor 2 or ing spouse		
2.			ry, and commissions (be calculate what the monthly		2.	\$_	0	.00	\$	N/A	-	
3. Estimate and list monthly overtime pay.					3.	+\$_	0.	.00	+\$	N/A	- •	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$_	0.00	<u> </u>	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Rudy D Arnold	_	Case	number (if known)	18-12585	,		
				Fo	r Debtor 1	For Debt	for 2 or		
				го	i Deptor i		g spouse		
	Cop	y line 4 here	4.	\$	0.00	\$	N/A		
	•	,		· –		*		_	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	-	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	-	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	-	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	_	
	5h.	Other deductions. Specify:	5h.+	\$_	0.00	+ \$	N/A	_	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	N/A	_	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	N/A	-	
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$_	0.00	\$	N/A	_	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	-	
	8e.	Social Security	8e.	\$	2,376.50	\$	N/A		
	8f.	Other government assistance that you regularly receive							
		Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$	0.00	\$	N/A		
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	_	
	8h.	Other monthly income. Specify: Prudential Fixed Annuity Payment	8h.+	\$	72.13	+ \$	N/A	-	
								_	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,448.63	\$	N/A	4	
10.			10. \$		2,448.63 + \$	N/	/A = \$	2,448.63	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.								
	Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:								
12.	Add	I the amount in the last column of line 10 to the amount in line 11. The res	ult is th	ne coi	mbined monthly in	ncome			
		e that amount on the Summary of Schedules and Statistical Summary of Certai		a, if it					
	appl	lies				1:	2. \$	2,448.63	
							Combir	ned	
	_		_				monthl	y income	
13.	Do y	you expect an increase or decrease within the year after you file this form	?						
		No.							
		Yes. Explain:							